

POTENTIAL HAZARDOUS WASTE SITE IDENTIFICATION AND PRELIMINARY ASSESSMENT		REGION	STATE NUMBER (for known sites)
<b>NOTE:</b> This form is completed for each potential hazardous waste site to help set priorities for site inspection. The information submitted on this form is based on available records and may be updated on subsequent forms as a result of additional inquiries and on-site inspections.		TRO 2356	
<b>GENERAL INSTRUCTIONS:</b> Complete Sections I and III through X as completely as possible before Section II (Preliminary Assessment). File this form in the Regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-J33), 401 M St., SW, Washington, DC 20460.			
I. SITE IDENTIFICATION TXDOD8080533			
A. SITE NAME	B. STREET (or other identifier) Amoco Texas Refining Co.	C. CITY	D. STATE
Texas City	TX	E. ZIP CODE	F. COUNTY NAME
G. OWNER/OPERATOR (If known)	H. TYPE OF OWNERSHIP		
1. NAME	2. TELEPHONE NUMBER Lawrence V. Durland, Refinery Manager (713) 945-1011		
1. FEDERAL	2. STATE	3. COUNTY	4. MUNICIPAL
5. PRIVATE	6. UNKNOWN		
I. SITE DESCRIPTION	Old gypsum landfill, oil refinery landfarm for sludges, 3 injection wells.		
J. HOW IDENTIFIED (i.e., citizen's complaint, OSMA citations, etc.)	K. DATE IDENTIFIED (Mo., Day, & Year) State files 6/30/72		
L. PRINCIPAL SITE CONTACT	M. TELEPHONE NUMBER		
1. NAME	(713) 479-5981		
Karen A. Macko			
II. PRELIMINARY ASSESSMENT (complete this section last)			
A. APPARENT SERIOUSNESS OF PROBLEM			
1. HIGH	2. MEDIUM	3. LOW	4. NONE
5. UNKNOWN			
B. RECOMMENDATION			
1. NO ACTION NEEDED (no hazard)	2. IMMEDIATE SITE INSPECTION NEEDED a. TENTATIVELY SCHEDULED FOR		
3. SITE INSPECTION NEEDED b. TENTATIVELY SCHEDULED FOR	d. WILL BE PERFORMED BY		
b. WILL BE PERFORMED BY	c. 4. SITE INSPECTION NEEDED (low priority)		
III. SITE INFORMATION			
C. PREPARED INFORMATION			
1. NAME	2. TELEPHONE NUMBER		3. DATE (Mo., Day, & Year)
Karen A. Macko	(713) 479-5981		3/27/80
IV. SITE STATUS			
1. ACTIVE (Those industrial or institutional sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequently.)	2. INACTIVE (Those sites which no longer receive wastes.)	3. OTHER (Specify) (Those sites that include such incidents like "midnight dumping" where no regular or continuing use of the site for waste disposal has occurred.)	
B. IS GENERATOR ON SITE?			
1. NO	2. YES (Specify generator's four-digit SIC Code)	2873, 29110, 29111, 29113, 29116, 29119, SUPERFUND FILE	
C. AREA OF SITE (in acres)	D. IF APPARENT SERIOUSNESS OF SITE IS HIGH, SPECIFY COORDINATES		
~250	1. LATITUDE (deg-min-sec)	2. LONGITUDE (deg-min-sec)	NOV 17 1992
E. ARE THERE BUILDINGS ON THE SITE?			
1. NO	2. YES (Specify)	Refinery REORGANIZED	

Continued From Front

**CHARACTERIZATION OF SITE ACTIVITY**

Indicate the major site activity(ies) and details relating to each activity by marking 'X' in the appropriate boxes.

A. TRANSPORTER	B. STORER	C. TREATER	D. DISPOSER
1. RAIL	1.PILE	1. FILTRATION	1. LANDFILL
2. SHIP	2. SURFACE IMPOUNDMENT	2. INCINERATION	2. LANDFARM
3. BARGE	3. DUMPS	3. VOLUME REDUCTION	3. OPEN DUMP
4. TRUCK	4. TANK ABOVE GROUND	4. RECYCLING/RECOVERY	4. SURFACE IMPOUNDMENT
5. PIPELINE	5. TANK BELOW GROUND	5. CHEM/PHYS. TREATMENT	5. MIDNIGHT DUMPING
6. OTHER (specify)	6. OTHER (specify)	6. BIOLOGICAL TREATMENT	6. INCINERATION
		7. HAZTE OIL REPROCESSING	7. UNDERGROUND INJECTION
		8. SOLVENT RECOVERY	8. OTHER (specify)
		9. OTHER (specify)	

E. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED

Landfarming of refinery sludges, old gypsum landfill - runoff sent thru treatment system, waste chemical lagoon, silt dewatering basin.

**V. WASTE RELATED INFORMATION**

A. WASTE TYPE

1 UNKNOWN     2 LIQUID     3 SOLID     4 SLUDGE     5 GAS

B. WASTE CHARACTERISTICS

1 UNKNOWN     2 CORROSIVE     3 IGNITABLE     4 RADIOACTIVE     5 HIGHLY VOLATILE  
 6 TOXIC     7 REACTIVE     8 INERT     9 FLAMMABLE

C. WASTE CATEGORIES

1. Are records of wastes available? Specify items such as manifests, inventories, etc. below.

Yes; TOWR shipping tickets and annual reports.

2. Estimate the amount/specify unit of measure of waste by category; mark 'X' to indicate which wastes are present.

a. SLUDGE	b. OIL	c. SOLVENTS	d. CHEMICALS	e. SOLIDS	f. OTHER
AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT
UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE
X 1. POLY-N. RIGMENTS	X 1. OILY WASTES	X 1. HALOGENATED SOLVENTS	X 1. ACIDS	X 1. FLYASH	X 1. LABORATORY PHARMACEUT.
X 2. METALS SLUDGES	X 2. OTHER(specify) API Separ- tor sludges	X 2. NON-HALOGENED SOLVENTS	X 2. PICKLING LIQUORS	X 2. ASBESTOS	X 2. HOSPITAL
X 3. POT.		X 3. OTHER(specify)	X 3. CAUSTICS	X 3. MILLING/ MINE TAILINGS	X 3. RADIOACTIVE
(4) ALUMINUM SLUDGE			X 4. PESTICIDES	X 4. FERROUS SMLTG. WASTES	X 4. MUNICIPAL
X 5. OTHER(specify)			X 5. DYES/INKS	X 5. NON-FERROUS SMLTG. WASTES	X 5. OTHER(specify)
Refinery slud- ges.			X 6. CYANIDE	Gypsum from fertilizer process	
			X 7. PHENOLS		
			X 8. HALOGENS		
			X 9. PCBs		
			X 10. METALS		
			X 11. OTHER(specify)		
			X 12. OTHER(specify)		

Continued From Front

VII. PERMIT INFORMATION			
A. INDICATE ALL APPLICABLE PERMITS HELD BY THE SITE:			
1. NPDES PERMIT	<input type="checkbox"/> 2. SPCC PLAN	<input checked="" type="checkbox"/> 3. STATE PERMIT (specify)	WDW 0000443, WDW 80, 127, 128
4. AIR PERMITS	<input type="checkbox"/>	5. LOCAL PERMIT	<input type="checkbox"/> 6. RCRA TRANSPORTER
7. HAZ. STORER	<input type="checkbox"/>	8. RCRA TREATER	<input type="checkbox"/> 9. RCRA DISPOSER
D. OTHER (specify) Registration #30139			
E. IN COMPLIANCE?			
<input checked="" type="checkbox"/> 1. YES	<input type="checkbox"/> 2. NO	<input type="checkbox"/> 3. UNKNOWN	
F. WITH RESPECT TO (list regulation name & number) Registration #30139			
A. NONE <input checked="" type="checkbox"/> B. YES (summarize below) Temporary Order issued on 10/5/79 emergency discharge			
VIII. PAST REGULATORY ACTIONS			
A. NONE <input checked="" type="checkbox"/> B. YES (summarize below) Temporary Order issued on 10/5/79 emergency discharge			
IX. INSPECTION ACTIVITY (past or ongoing)			
A. NONE <input checked="" type="checkbox"/> B. YES (complete items 1, 2, 3, & 4 below)			
1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (month, day & yr.)	3. PERFORMED BY (EPA/State)	4. DESCRIPTION
Compliance	1/18/79	State	Annual compliance
X. REMEDIAL ACTIVITY (past or ongoing)			
A. NONE <input checked="" type="checkbox"/> B. YES (complete items 1, 2, 3, & 4 below)			
1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (month, day & yr.)	3. PERFORMED BY (EPA/State)	4. DESCRIPTION
NOTE: Based on the information in Sections III through X, fill out the Preliminary Assessment (Section II) information on the first page of this form.			

0  
3  
0  
0

*Continued From Page 2*

VI. WASTE RELATED INFORMATION (continued)				
3. LIST SUBSTANCES OF GREATEST CONCERN WHICH MAY BE ON THE SITE (place in descending order of hazard).				
Waste chemicals; acids, caustics, solvents Refinery sludges Lead sludges				
4. ADDITIONAL COMMENTS OR NARRATIVE DESCRIPTION OF SITUATION KNOWN OR REPORTED TO EXIST AT THE SITE.				
VI. HAZARD DESCRIPTION				
A. TYPE OF HAZARD	B. POSSIBLE HAZARD (mark 'X')	C. ALLEGED INCIDENT (mark 'X')	D. DATE OF INCIDENT (mark 'X')	E. REMARKS
1. NO HAZARD				
2. HUMAN HEALTH				
3. NON-WORKER INJURY/EXPOSURE				
4. WORKER INJURY				
5. CONTAMINATION OF WATER SUPPLY				
6. CONTAMINATION OF FOOD CHAIN				
7. CONTAMINATION OF GROUND WATER				
8. CONTAMINATION OF SURFACE WATER				
9. DAMAGE TO FLORA/FAUNA				
10. FISH KILL				
11. CONTAMINATION OF AIR				
12. NOTICEABLE ODORS				
13. CONTAMINATION OF SOIL				
14. PROPERTY DAMAGE				
15. FIRE OR EXPLOSION				
16. SPILLS/LEAKING CONTAINERS/ OVERFLOWING LIQUIDS				
17. LEAK, STORM DRAIN PROBLEMS				
18. EROSION PROBLEMS				
19. INADEQUATE SECURITY				
20. INCOMPATIBLE WASTES				
21. MIDNIGHT DUMPING				
OTHER NOTES: See Site Description page attached.	XXXX			

---

SITE DESCRIPTION

---

Make additional comments or narrative description of situation known or reported to exist at the site based on file review. Include dates and description of any incidents documented in file.

---

Amoco operates 3 injection wells, several ponds and landfarm areas.

Gulf Coast Waste Disposal Authority operates the wastewater treatment facility.

The company requested an emergency discharge order for contaminated rainwater from the two landfarm plots. The order was issued 10/5/79.

Amoco purchased the Smith-Douglas property in 1979 which contained a 20-acre gypsum "mountain". This material has since been registered as Class II.

6

3

0

2

<b>EPA</b>		POTENTIAL HAZARDOUS WASTE SITE LOG		SITE NUMBER <b>TX02356</b>
<b>NOTE:</b> The initial identification of a potential site or incident should not be interpreted as a finding of illegal activity or confirmation that an actual health or environmental threat exists. All identified sites will be assessed under the EPA's Hazardous Waste Site Enforcement and Response System to determine if a hazardous waste problem actually exists.				
SITE NAME Amoco Texas Refining		STATE TX	ZIP CODE 77590	
SUMMARY OF POTENTIAL OR KNOWN PROBLEM Texas City Landfarm 3 injection wells wastewater treatment				
ITEM	DATE OF DETERMINATION OR COMPLETION	RESPONSIBLE ORGANIZATION (EPA, State, Corporation, Other)	PERSON MAKING ENTRY TO LOG FORM	DATE ENTERED ON LOG (mm/dd/yy)
1. IDENTIFICATION OF POTENTIAL PROBLEM	6/72	TOWR	Macko	3/27/80
2. PRELIMINARY ASSESSMENT	3/27/80			
APPARENT SERIOUSNESS OF PROBLEM	<input type="checkbox"/> HIGH	<input type="checkbox"/> MEDIUM	<input checked="" type="checkbox"/> LOW	<input type="checkbox"/> NONE
3. SITE INSPECTION				
4. EPA TENTATIVE DISPOSITION (CHECK APPROPRIATE ITEM(S))				
<input type="checkbox"/> a. NO ACTION NEEDED				
<input type="checkbox"/> b. INVESTIGATIVE ACTION NEEDED				
<input type="checkbox"/> c. REMEDIAL ACTION NEEDED				
<input type="checkbox"/> d. ENFORCEMENT ACTION NEEDED				
5. EPA FINAL STRATEGY DETERMINATION (CHECK APPROPRIATE ITEM(S))				
<input type="checkbox"/> a. NO ACTION NEEDED				
<input type="checkbox"/> b. REMEDIAL ACTION NEEDED				
<input type="checkbox"/> c. REMEDIAL ACTION NEEDED BUT <input type="checkbox"/> NO RESOURCES AVAILABLE				
<input type="checkbox"/> d. ENFORCEMENT ACTION NEEDED				
<input type="checkbox"/> e. CASE DEVELOPMENT PLAN PREPARED				SUPERFUND FILE
<input type="checkbox"/> f. ENFORCEMENT CASE FILED OR ADMINISTRATIVE ORDER ISSUED				NOV-17-1992
6. STRATEGY COMPLETED				REORGANIZED

EPA Form T-1070-1 (10-79)

AMOCO OIL CO  
TXD008080533